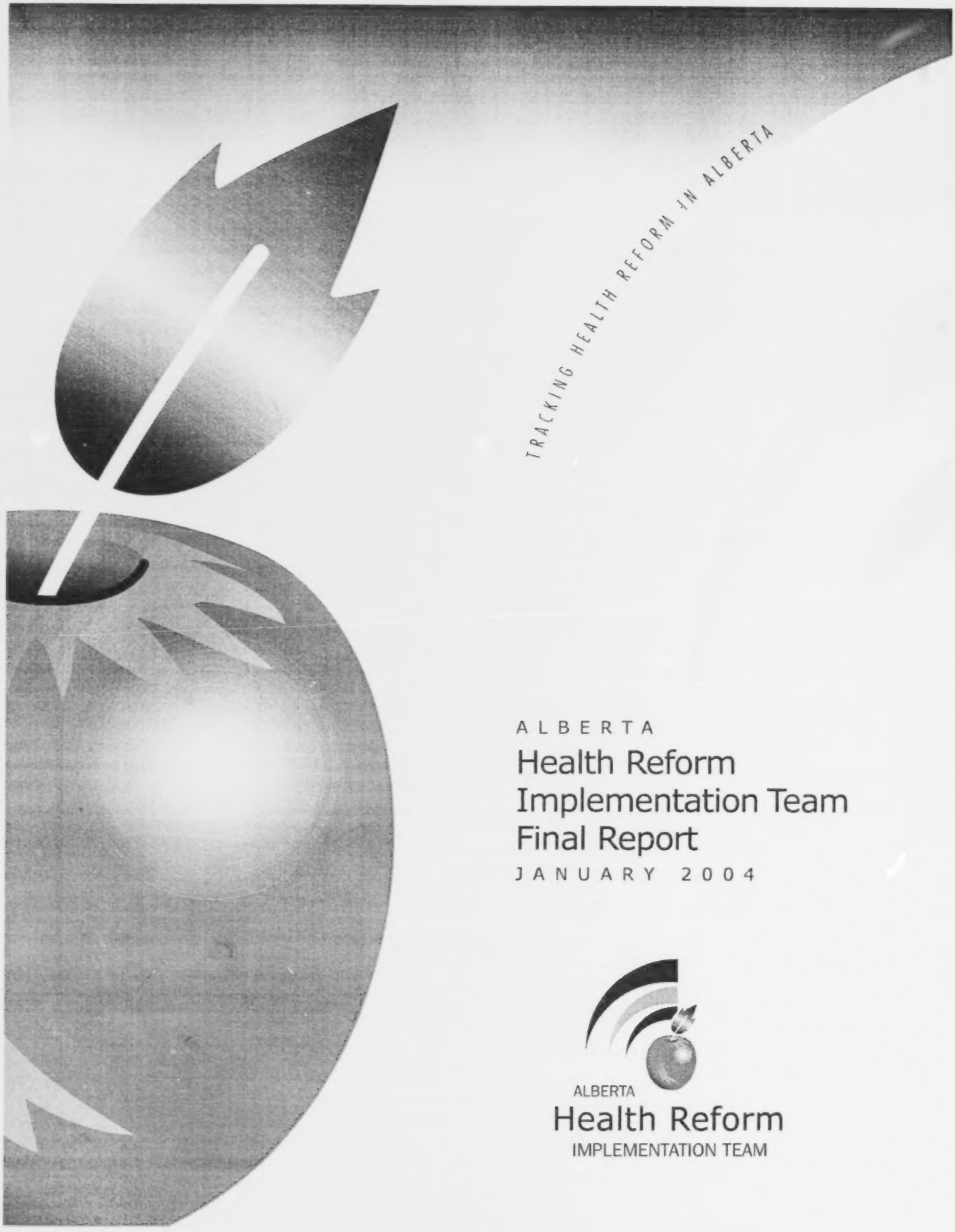

TRACKING HEALTH REFORM IN ALBERTA

ALBERTA

Health Reform Implementation Team Final Report

JANUARY 2004

ALBERTA
Health Reform
IMPLEMENTATION TEAM

104-04152/

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On January 23, 2002, the Alberta government accepted all 44 recommendations of the Premier's Advisory Council on Health. The government plan, *Alberta: Health First, Building a better public health care system*, was developed to help achieve these recommendations and chart a new course for health care reform.

ALBERTA
Health Reform
IMPLEMENTATION TEAM

As part of the plan, the Alberta government appointed the Health Reform Implementation Team: chair Dr. Larry Ohlhauser, health care consultant, and team members economist Paul Boothe and health services consultant Jeanette Pick.

The team monitored work on the government action plan on health and provided progress reports to Albertans.

Team members supported the work of the MLA committees and consulted with health care providers and regional health authorities on how to overcome any barriers to building a better public health system in Alberta.

This final report documents the many achievements that have been made in the past two years and highlights work that still lies ahead in improving the public health care system in Alberta.

Four directions of reform

The 44 recommendations of the Premier's Advisory Council on Health have been consolidated under four main directions for health care reform. These four directions provide a solid foundation for a public health care system that will serve Albertans well into the future.

Patient/Customer Focus

- to help Albertans stay healthy and provide quality service

- New *Canada Food Guide*
- 10-year health objectives and targets
- Health information campaign
- Non-financial incentives to stay healthy
- Primary health care reform
- 90-day access to services
- Posting wait times on website
- Centralized booking
- Committee on Collaboration and Innovation
- Liaison with other ministries regarding children completing education/training and financial assistance to support children living in poverty

Sustainability: finances and people

- to address health care funding, expenditures and human resources

- Containing drug costs
- Integration of mental health services with regional health authorities
- MLA Task Force on Health Care Funding and Revenue Generation
- Expert Advisory Panel to Review Publicly Funded Health Services

Accountability: policy, programs, delivery and evaluation

- to encourage better health and management of outcomes, and make the best use of health providers

- Alternate approaches to paying physicians
- Comprehensive workforce plan
- Health Service Utilization and Outcomes Commission
- Multi-year contracts between province and regional health authorities
- *Health Professions Act* Implementation Task Force

Infrastructure support: information technology and management

- to support the health system with an emphasis on government collaboration, information technology and research

- Electronic Health Records
- Long-term funding for information technology
- Province-wide standards for information technology
- Support research through a variety of sources and organizations

1 Patient/Customer Focus

Patient/Customer Focus: actions to help Albertans stay healthy and to promote quality in health services.

Achievement Highlights

Primary health care

Primary health care is that all-important first point of contact a person has with the health system. A provincial strategy aims to improve access to primary health care services.

Ten new primary health care initiatives are already underway, including:

- A new primary health care centre in Strathcona County is helping residents in remote areas of northern Alberta better manage their diabetes
- More health professionals and university students are being placed in primary health care sites across the province
- A new program in Chinook and Calgary health regions are assisting patients with chronic disease
- A new network in southern Alberta is improving the delivery of health services for children and youth.

By 2004, up to 12 new local primary care initiatives will be established to provide 24-hour access to a comprehensive range of health services.

Health Link

Province-wide telephone access to 24-hour health information has been completed. The new service is projected to respond to more than 800,000 calls a year.

As of June 2003, all Albertans can receive free health advice and information from a registered nurse 24 hours a day by calling Health Link Alberta toll free at 1-866-408-LINK (5465). Health Link Alberta helps Albertans to receive an appropriate level of health care services and reduces thousands of unnecessary visits to emergency units. Health information is also provided in up to 150 different languages through interpreters.

Health Link has expanded to serve Albertans with mental health concerns. Psychiatric registered nurses now answer calls from people who need assistance with mental health problems.

Access standards

Access standards are being established as the acceptable period of time a person can wait from when they are diagnosed to the time they receive the service.

Access standards for five key health services are being established. Initial standards will be implemented by spring 2004.

A provincial working group composed of representatives from government, regional health authorities, physicians and other health care providers are developing access standards for the five health services: cardiac services, major joint replacements, MRI/CT scans, breast and prostate cancer and children's mental health services.

The Capital and Calgary Health Regions are conducting an impact analysis for access standards for cardiac services before standards will be applied province-wide. Access standards for other services will be implemented as part of regional health authority agreements in 2004/2005.

Wait list registry

An online wait list registry for insured surgeries and procedures has been completed.

Albertans can now view waiting lists for publicly funded surgeries, MRIs, CT scans, radiation and chemotherapy through the Alberta Waitlist Registry. Patients and their physicians can access the website for accurate and current wait times across the province when discussing treatment options.

Included in the registry are wait times for hip or knee replacements, cataract removal, and cardiac surgery. Information in the registry is submitted monthly by facilities performing 200 or more procedures a year. All 38 facilities are expected to be online by spring 2004.

More than 14,000 Albertans have visited the wait list registry website since it was launched October 2003.

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Provincial Booking Services Program

A centralized system to book select services will complement the wait list registry and electronic health record system to improve access and choice for Albertans.

Orthopedic procedures will be the first service to be tested in the provincial booking services program in 2004. Primary health care services will also be booked through the Health Link information line beginning in 2004.

A complete centralized booking service is expected to be available to Albertans by 2006.

Healthy targets

A plan to achieve a healthier population by 2012 has been completed. The framework has established targets in the following key areas:

- reduce the rate of preventable chronic disease including diabetes, chronic heart and lung disease
- decrease the number of Albertans who are obese and increase the rate of physical activity
- reduce the rate of substance abuse
- lower the rate of preventable injuries.

The framework plan is being reviewed by regional health authorities and will be incorporated into future regional health authority business plans. Once approved by government, implementation is expected to begin later in 2004. Progress on provincial targets will be primarily monitored through data collected through the Canadian Community Health Survey.

Healthy U information campaign

An information program was launched in January 2003 to encourage Albertans to lead healthy lifestyles to reduce their risk of chronic disease and obesity.

The three-year information campaign promotes healthy eating and regular physical activity. Healthy U will help Albertans make healthy choices to prevent chronic diseases like cardiovascular disease, some types of cancer and Type 2 diabetes.

The Healthy U campaign has included a website, TV and radio ads, an insert for all Alberta newspapers, a school calendar and promotion at summer festivals and rodeos.

Tobacco reduction

The Alberta Tobacco Reduction Strategy was launched March 2002 to encourage Albertans to reduce their use of tobacco. The strategy has included the highest one-day tobacco tax increase in the world of $2.25 per 200 grams of tobacco, a toll-free Smoker's Hotline to help smokers quit, a province-wide public awareness program and variety of education program to prevent tobacco use by youth.

The Alberta Tobacco Reduction Strategy has seen a dramatic decrease in the number of Albertans who smoke and a drop in tobacco sales since it was launched in March 2002. By 2002, the rate of smokers in Alberta aged 15 years and older dropped from 25 per cent to 23 per cent, the equivalent of 44,000 fewer smokers. From 2001/2002 to 2002/2003, Alberta also saw a 24 per cent decrease in the sales of cigarettes.

The rate of teenage smokers (15-19 years) has also decreased by 11,000 fewer smokers.

The Prevention of Youth Tobacco Use Act was proclaimed to make it illegal for anyone under the age of 18 to use or possess tobacco in a public place.

Patient/Customer Focus

Patient/Customer Focus: actions to help Albertans stay healthy and to promote quality in health services.

INITIATIVE	ACTIONS TAKEN	STATUS AND NEXT STEPS
New Canada Food Guide	• Communicated need for revised food guide at September 2002 health minister's conference • Research into use of guide has been undertaken	• Revised food guide will be distributed once it has been finalized by Health Canada
Ten-year health targets	• Ten-year health targets and framework completed by cross-governmental committee	• Implementation to be undertaken by regional health authorities and other governmental departments
Health information campaign	• Healthy U public information campaign and website launched. Campaign raised public awareness for healthy eating and physical activity • Summer program launched	• Campaign will focus on low-income groups, workplace initiatives and community challenge activities • Benefits of immunization will be new focus of 2004 • Evaluation of campaign to be completed
Non-financial health incentives	• Incorporated into 10-Year Health Targets Framework	• Incentives to be featured as part of Healthy U campaign • Will be implemented as part of 10-Year Health Target action plan
Primary health care reform	• Ten primary health care projects established • Health link information line expanded province-wide	• Up to 12 local primary health care initiatives will be developed in 2004 as part of the provincial primary health care strategy • Alberta will be the administrative lead in a provincial/territorial expansion of health data training standards
Access standards	• Access standards for five key health services developed: cardiac services, major joint replacements, MRI/CT scans, breast and prostate cancer and children's mental health services	• Draft standards developed for cardiac services; provincial analysis to be conducted before implementation
Alberta Wait List Registry	• Wait list registry for selected procedures posted	• Standard data for all health facilities to be online by spring 2004
Centralized booking (Provincial Booking Services Program)	• Working group of government, regional health authorities and Alberta Medical Association developing requirements for Provincial Booking Services Program	• Pilot of centralized booking of cardiac services in Capital and Calgary Health regions in 2004/2005 • Implement province-wide booking system for procedures, integrated with hospitals and regional health authorities in 2006
Committee on Collaboration and Innovation	• Report delivered to government; 49 of 50 recommendations accepted	• Multi-year performance agreements with regional health authorities are expected to be finalized in 2004/2005 fiscal year
Liaison with other ministries to improve education and financial assistance to children living in poverty	• Health Sustainability Initiative developed recommendations to assist children living in poverty and provide educational support	• Continued support for low-income families, early intervention and mentoring for children at risk

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2 Sustainability

Sustainability: actions to address how to pay for public health care in the long term.

Achievement Highlights

Integration of mental health services

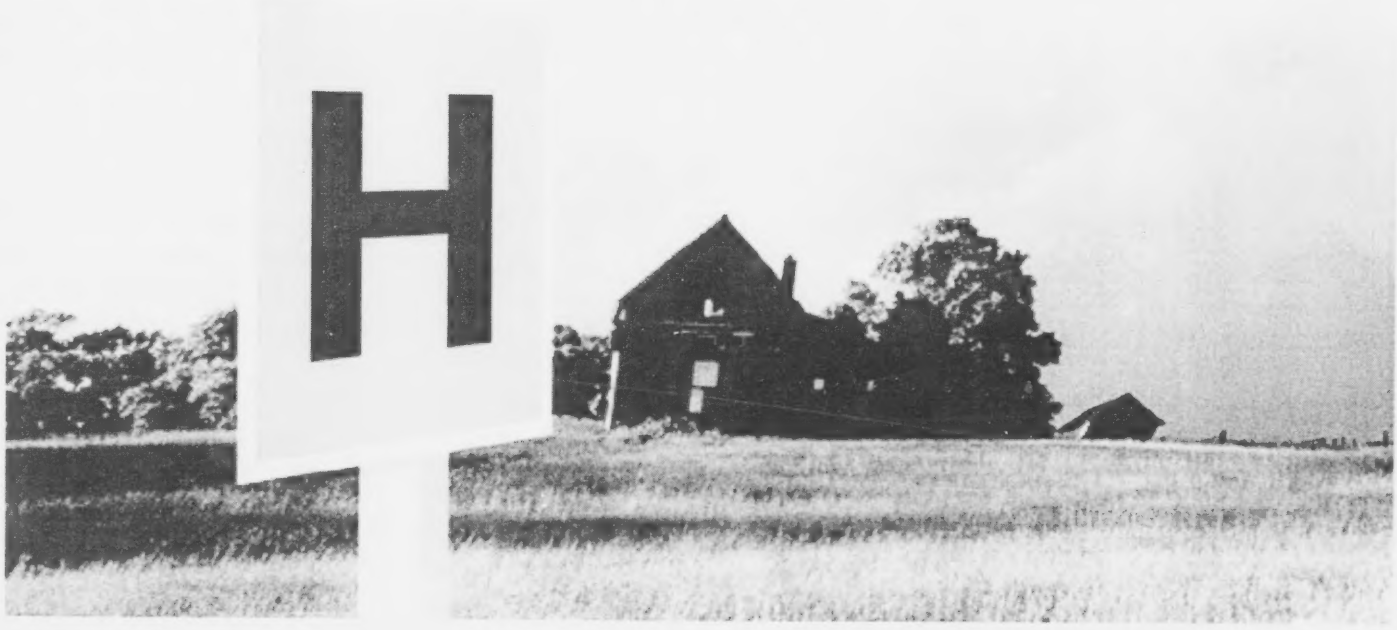
Regional health authorities have assumed responsibility for delivering mental health services to regional residents. A province-wide plan for mental health services is being developed and expected to be implemented in 2004.

Health care funding and revenue funding

The MLA Task Force on Health Care Funding and Revenue Generation recommended options to pay for the health care system; the report was delivered to government.

Report of Expert Advisory Panel to Review Publicly Funded Health Services

Current insured public services have been maintained on the recommendation of the panel. The panel's recommended process to assess what new health services should be covered by the public system was accepted in principle. The review process is being developed within existing department resources.



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INITIATIVE	ACTIONS TAKEN	STATUS AND NEXT STEPS
Containing drug costs	• Alberta uses results of national drug evaluation process to expedite review of generic drugs and save costs	• Regional health authorities and Alberta Cancer Board buy drugs in bulk to reduce costs • Alberta to co-operate in federal/provincial/territorial efforts to set national best practices for prescription drugs
Integration of mental health services with regional health authorities	• Mental health services and four mental health facilities transferred to regional health authorities in April 2003 • Alberta Mental Health Board manages province-wide services for forensic psychiatry, suicide prevention, aboriginal mental health and telemental health	• New provincial plan for mental health services is being completed; implementation expected in 2004
MLA Task Force on Health Care Funding and Revenue Generation	• Task Force submitted report on revenue generation and funding options October 2002	• Report and recommendations being reviewed by government
Expert Advisory Panel to Review Publicly Funded Health Services	• Panel recommended process and criteria for publicly funded services October 2002 • Panel reviewed options for allied health services and recommended broad health categories to be publicly funded December 2002 • Panel recommended criteria and process to review new publicly funded services March 2003	• Government accepted panel's report on process and criteria for publicly funded services • Government accepted recommendation to maintain currently funded insured public health services and rejected panel recommendations to change funding to allied health services • Government accepted panel's process to review new services and is implementing a new review process within existing department means

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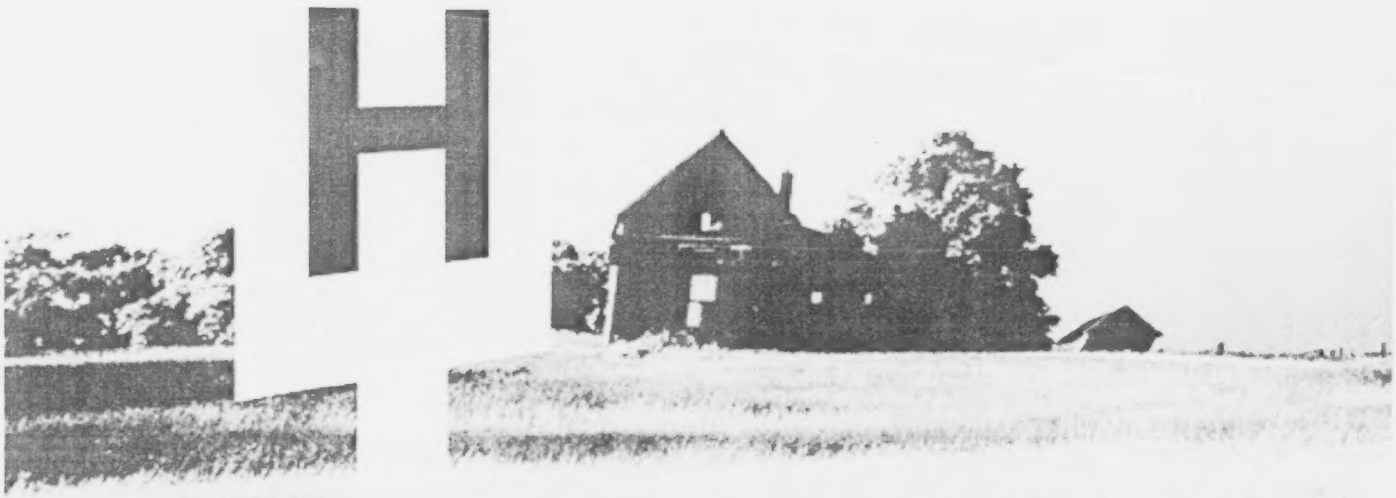

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3 Accountability

Accountability: actions to improve health outcomes and health system management

Achievement Highlights

New ways to pay physicians

New payment methods are being developed to give physicians more flexibility in how they provide health services to Albertans. As of January 2004, approximately 430 physicians are involved in alternate compensation arrangements. Another 65 to 70 initiatives are in development, which are expected to involve close to 1,000 more physicians.

These alternate payment programs include physicians who collaborate to provide primary health care services; initiatives that provide specialized care for chronic diseases and mental health services and funding plans that allow academic physicians more time for research and teaching.

Alternative payment plans announced January 2004 include:

- A program to provide specialized care to patients with severe headache disorders
- A team of 44 family doctors, psychiatrists and mental health practitioners to improve mental health care for Calgarians
- A primary health care services centre to serve Calgary inner-city seniors
- Specialty clinics for cardiac care, hypertension, epilepsy, stroke, hepatitis and inflammatory bowel disorders serving patients in central and northern Alberta

By 2004, up to 12 new local primary health care initiatives will be established to have physicians and other health care providers working together to provide 24-hour access to a comprehensive range of health services.

Comprehensive health workforce plan

A framework to recruit and retain the necessary supply of health care workers to deliver health services has been completed. An action plan will be developed in 2004 to have the optimal number, mix and distribution of health care personnel in the province.

Health Service Utilization and Outcomes Committee

A survey, commissioned by the committee, found that most Albertans give good marks to the health care system. The survey showed Albertans want improvements to emergency services, access to specialists, satisfaction in how complaints are addressed and how patient safety issues are managed.

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INITIATIVE	ACTIONS TAKEN	STATUS AND NEXT STEPS
Alternate approaches to paying physicians	• As of January 2004, approximately 430 physicians are involved in alternate compensation arrangements	• Another 65 to 70 initiatives are in development to involve close to 1,000 more physicians • Development of local primary health care initiatives in 2004 as part of the Alberta Medical Association agreement
Comprehensive workforce plan	• Comprehensive health workforce plan framework completed	• Action plan to implement framework to be developed in 2004
Health Services Utilization and Outcomes Commission	• Commission issued first report card and survey results on how Albertans view performance of their health care system	• Commission is reviewing patient safety concerns, the patient complaint process and pharmaceutical prescribing patterns of family physicians
Health Professions Act Implementations Task Force	• Public Health Act regulations amended to expand practice of nurse practitioners • Nine professions of 28 have regulations under force of the *Health Professions Act* • Delays to have more professions come under force of the *Health Professions Act* has resulted from professions requesting expanded scopes of practice	• Continued work will be done to complete regulations of all professions under the *Health Professions Act*

Infrastructure to Support the Health System

Infrastructure: actions that support the health system, with an emphasis on information technology and research.

Achievement Highlights

Electronic health record system

In October, the provincial electronic health record was launched to provide secure electronic records of patient health information.

The first of its kind in Canada, the Alberta electronic health record is a province-wide clinical health information system that links physicians, pharmacists, hospitals, home care and other providers to a patient's prescription history, allergies and laboratory test results immediately online.

In December 2003, Drumheller became the first community in Canada to have all physicians, health care facilities and other health care providers use electronic health records to provide health services to local residents.

By spring 2004, all Alberta health regions, one-third of physicians' offices and half of all pharmacies are expected to be using the electronic health record system.

The electronic health record is a province-wide expansion that follows successful pilot projects using electronic medication and laboratory information to manage drug prescriptions and tests for thousands of patients.

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Drumheller hospital staff meet with Health Minister Gary Mar at launch of electronic health record system.

Infrastructure to Support the Health System

Infrastructure: actions that support the health system, with an emphasis on information technology and research.

INITIATIVE	ACTIONS TAKEN	STATUS AND NEXT STEPS
Electronic Health Records	• Pharmaceutical Information Network pilot completed in Westlock and Leduc July 2003 • Electronic Health Record system deployed to regional health authorities August 2003 • Electronic Health Record expanded to physicians and pharmacists October 2003	• All Alberta health regions, one-third of physicians' offices and half of all pharmacies are expected to be using electronic health records by spring 2004
Long-term funding for information technology	• Investment funding strategy for information technology developed	• Investment funding strategy for information technology yet to be approved
Province-wide standards for information technology	• Province-wide standards for health data established March 2002	• Data standards being developed for Electronic Health Record and health provider directory
Support research through a variety of sources and organizations	• Work to increase collaboration between department and various research partners	• Continued active involvement with the Alberta Heritage Foundation for Medical Research, Institute for Health Economics, Western Canada Wait List project and the intergovernmental Technology and Research Advisory Committee

Final Analysis

Implementing health reform is a complex process that requires the necessary time to collaborate with all health care partners and determine the impact of reform.

While delays have occurred with some initiatives – like the wait list registry and electronic health record – we are satisfied there has been steady progress on the action plan on health.

However, we still await the completion of some major activities:

Primary health care reform: the new agreement between the Alberta government, the Alberta Medical Association and Alberta's regional health authorities includes a plan to expand primary health care services throughout Alberta. Up to 12 local primary care initiatives to provide 24-hour access to primary health services are not expected to be underway until later in 2004.

Multi-year performance agreements: agreements with regional health authorities to create new efficiencies are being negotiated and are expected to be part of the 2004/2005 fiscal year. These new agreements will be another vital part of finding new efficiencies and collaboration in public health care.

Centralized booking: a pilot project to test centralized booking for orthopedic specialty services in the Capital and Calgary Health Regions will occur in 2004. Work is on schedule to provide centralized booking for select procedures on the ministry website by 2006.

***Health Professions Act* implementation:** *The Health Professions Act* was passed in 1999 to set out common rules for Alberta's regulated health professions. Only nine out of 28 regulatory colleges have completed regulations under force of the *Health Professions Act*.

Conclusion

In this final report card, which marks the two-year anniversary of the Premier's Advisory Council on Health report, we are confident the province has made substantial progress on its action plan to build a better public health care system for Albertans. Major strides have been made in the four directions of health reform: patient focus, sustainability, accountability and infrastructure.

The achievements that have been made have put the province on a solid foundation to make the continual improvements required for a public health care system that is efficient, affordable and of the highest quality possible.

ALBERTA
Health Reform
IMPLEMENTATION TEAM

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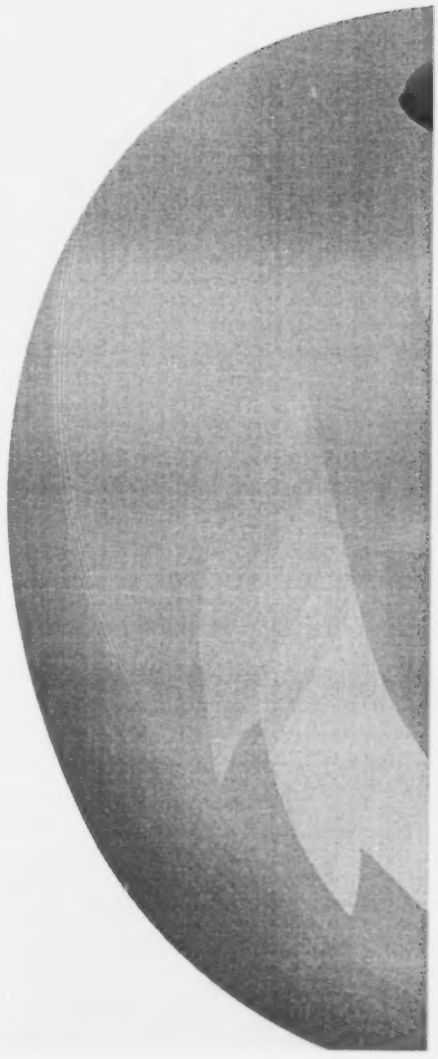

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